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|--|------------|--------------------|---------------|-----------------------|---|-------------------|---|--------------|-------------|--|-------|------------|---|-------|
| FOR FISCAL USE ONLY | | | GRANT | SUB GRANT | OBJECT | AMOUNT | STATE OF TENNESSEE CLAIM FOR TRAVEL EXPENSES DEPT. _____ DIV. _____ FOR PERIOD FROM _____ TO _____ | | | | | | | |
| FUND _____ DEPT/DIV _____ COST CENTER _____ | | | | | | | THIS CLAIM MUST BE PREPARED IN ACCORDANCE WITH TRAVEL REGULATIONS TYPE OR PREPARE IN INK | | | | | | | |
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| | | | | | | | | | | | | | | |
| Date | Place left | Time Left AM/PM | Place Arrived | Time Arrived AM/PM | Transportation | | | | Subsistence | | | | Other Expenses Itemized, attach receipts and explain | Total |
| | | | | | Miles | Mileage amount | Airline /other | Taxi or Limo | Lodging | Breakfast | Lunch | Dinner | | |
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| | | | | | | | | | | | | | | |
| Totals | | | | | 0 | \$ - | | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - | \$ - |
| TYPE OR PRINT COMPLETE HOME ADDRESS: NAME: _____ SSN: _____ ADDRESS _____ _____ DATE OF PREVIOUS CLAIM: _____ | | | | | ADDITIONAL EXPLANATION: _____ _____ _____ _____ | | | | | GROSS TOTAL \$ - | | | | |
| | | | | | | | | | | LESS TEMP. TRAVEL ADVANCE # 0 | | | | |
| | | | | | | | | | | I CERTIFY THAT THIS CLAIM IS TRUE AND CORRECT AMT DUE CLAIMANT \$ - | | | | |
| | | | | | | | | | | SIGNATURE: _____ AMT. DUE STATE 0 | | | | |
| | | | | | OFFICIAL STATION _____ | | | | | POSITION _____ | | DATE _____ | | |
| | | | | | APPROVED _____ | | | | | | | DATE _____ | | |
| | | | | | APPROVED _____ | | | | | | | DATE _____ | | |